

- HOSPITAL CARE AT HOME
- SHOULD SOCIAL AGENCIES CHARGE FEES?

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IN A DAY NURSERY (See page 292)

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FROM THE EDITORIAL DESK

We are omitting from this issue the usual editorials and the column, "What the Council Is Doing", in favour of publishing a report of the Conference on Social Security, which, by any standards, is the most important project the Canadian Welfare Council has undertaken for several years. The report appears on page 251. . . .

The next issue of CANADIAN WELFARE, March 15, 1958, will be very special. It will be devoted to social work and social agencies as the operating instruments of social welfare. The purposes of the special issue are twofold: to interpret the job of the social worker to our regular readers, and to provide a handbook on the social work profession for recruiting purposes. As everyone knows by now, many more properly qualified social workers are sorely needed to staff Canadian social services. We hope the March issue, which promises to be as interesting an issue as we have ever produced, will be bought in large numbers — we are printing plenty of extra copies — and given to as many young people as possible who are looking for a worthwhile profession, and to as many as possible of their elders who want to know what social work is and does. . . .

Robert McKeown, who has been chairman of the Editorial Board of this magazine for the past seven years, has resigned from the office and the Board. After so long a period of service, involving so much time and energy, he could scarcely be pressed to continue, and his resignation has been regretfully accepted. He will, however, remain as a member of the Canadian Welfare Council's Board of Governors and its Information Committee.

It is our great good fortune that Mrs. John Bird, long a member of the Board, has consented to become the new Chairman. Mrs. Bird has been active all her life in social welfare activity, and has carried this interest over into much of her work as journalist and radio commentator, for which she uses the pseudonym Anne Francis. Her dual interest in social welfare and public information equips her admirably for her new office and we look forward to happy and constructive work together.

There is another change on the Editorial Board. Mrs. Jean Boucher is replacing Miss Gabrielle Bourque as representative of the Editorial Committee of *Bien-être social Canadien*, the Council's French-language magazine. . . .

We try to be consistent in spelling in this magazine. It isn't easy, because we're torn between English and American usage, and who's to say which is right? We have settled, for better or for worse, that *Canadian Welfare* prints (when we remember) "program", "counselling", "ageing".

We also try to print names of organizations, titles of books and quotations exactly as they are given to us. So what do we do when we need to print a book-title that says "counselling" with one "l", or a quotation that says "programme" with "me"?—do we use our own spelling in our own text and print the word a different way in the quotation or title?

The question arises because I have now before me a press release headed "First Ontario Conference on *Aging*," which announces the formation of the "Ontario Society on *Ageing*," and am wondering whether to make the spelling consistent for our piece in "Across Canada". You will find the answer when you read it.

I chuckled a bit at the thought of how it came to be the Ontario Society on *Ageing* and not *Aging*. Did people consult the *Canadian Government Style Manual*, the *Authors' and Printers' Dictionary*, and all sorts of English and American style books? And then did they discuss for hours the relative merits of one spelling against another? And how, in the first place, did the First Ontario Conference on *Aging* come to be spelled that way? Not that it really matters. I can't believe that spelling, any more than how you use your knife and fork, is a high moral problem. • • •

At the end of 1957 we were given lots of suggestions for New Year's resolutions—this is truly an age of self-improvement and it's a duty even to

be charming as all get-out. The nutritionist told us to get our weight down to normal and keep it there. A preacher told us to speak no evil. A beauty columnist told us we should be terribly, terribly clean in 1958, like a Powers model.

If we had heeded them all we would have been well on the road to beauty, health and virtue by February first, and very busy into the bargain.

By now our New Year's resolutions have had a good work-out or been quite forgotten. Resolutions or no resolutions, we probably do grow a little better every year. The glow of affection that comes over us at Christmas, for one reason, and at New Year's, for another, must surely do something lasting to us. Somehow this gay, hectic, crowded, influenza-inducing, joyful, solemn season does hasten the process of learning to love one another—and even to find our own selves tolerable.

Every year we learn that people are lovable in a dozen ways we didn't dream of in our green intolerant youth.

Every year we're a little more gentle because we know the other fellow has problems of his own that he's not broadcasting. We learn (imperfectly) not to fight people but to figure out instead what they're driving at. So often they're driving at the same things we are, but in different words and tones and gestures.

If we went on like this we'd be quite unbearably mellow in our old age. Perhaps as good a resolution as any would be to keep sorting things out as we go along, and learn what we need to hate and fight and be crabby about, and not waste energy on the rest.

M.M.K.

What do we do about unemployment, loss of the breadwinner, illness, old age, the cost of rearing children?

CONFERENCE ON SOCIAL SECURITY

MARJORIE KING

THERE were no resolutions, no votes, no recommendations, at the three-day Conference on Social Security called by the Canadian Welfare Council and held in Ottawa January 8 to 10, 1958. This was deliberate. The whole intention was to discuss Canada's social security needs as objectively and freely as possible. To do this it was essential that no one be asked to take part in making decisions, for many of the participants were either officials of various governments or representatives of other organizations which they had no authority to commit to any particular policy.

The Council wished to get the frank opinions of experienced and informed people, and to give these people on their part an opportunity to hear one another's opinions and learn more about what is going on in the social security field. Both wishes were more than realized.

The occasion for calling the Conference was that the time seemed ripe for the Canadian Welfare Council to re-examine its policies on social security as formulated at several times and for different occasions. Many of Canada's social security schemes have been in operation for some time; a few began when conditions in the country were quite different; and one of the newest, Old Age Security, was expected soon to be the subject of review. (Since the Conference a Federal Government study on old age security has been announced—see "Across Canada".)

But the Council could not begin to look at its policies without "thinking with knowledge" and indeed without knowing first of all what questions it ought to ask and answer. And so the Conference bristled with questions. No attempt was made to go back to the fundamental question of whether we need what we have come to call "social security" at all. We have started on the road and no influential number of people have said we should turn back. The universal economic hazards of individuals and families — unemployment, old age, illness, death of families' providers, and the costs of rearing children — are clear, and the problem is the best way of dealing with them.

Discussion ranged through the whole gamut of questions and possible answers about these universal risks. Although the subjects chosen for particular attention were only three — old age income security, public assistance, and unemployment — it was soon evident that a discussion of any one of them, or of all three together, inevitably touches all the rest of the social security territory.

It also became quickly apparent that answers to many questions cannot be found at present because there are no means of getting the necessary information. We obviously need more research in social welfare, and in many areas much better statistics. It is impossible, for instance, to compare figures on certain provincial services, because reports by one

agency or department of government may not cover the same kinds of facts as reports from another. It was a frequently expressed opinion at the Conference that much more attention should be given by both government and voluntary organizations to the collection and collation of facts about social needs and social welfare. A hard-headed attitude dominated the Conference, and no one was able to get by with easy generalizations.

* * *

The following extracts from Dr. Eveline Burns' background address may give an idea of the consideration involved:

"There are four major strategic areas about which one has to make policy decisions. First is the nature of the benefit . . . and the conditions that have to be satisfied to receive it, and I insist that one can only think of these two together and not as separate."

"The second major question concerns the risks which are going to be recognized as calling for public provision."

"The third major area is methods of raising the money. . . . We come to it ultimately as a decision about where we want the burden to fall on people"

"Finally we have to make a lot of decisions about administration, both its organization and its structure, decisions not only in relation to the relative roles of the different levels of government, but also sometimes equally difficult decisions, although not usually charged with quite so much political dynamite perhaps, about how we split up these programs."

"The thesis I would like to maintain is that in answering these ques-

tions the ultimate determinants relate to such matters as the economic structure and economic levels in the country concerned. They are influenced also, and very importantly, by people's social attitudes and values, and they are thirdly influenced by the nature and functioning of other social institutions in the community, among which of course the role we expect the family system to play is perhaps the most significant."

"Now, as we look at these possible approaches, I want to remind you that we have to consider not only the question to what extent they will meet the problem of insecurity, and to what extent they reflect people's preferences and tastes, but also the probable impact of the receipt of these benefits with their conditions upon people's willingness to continue to participate in production."

* * *

In the course of his impressions of the Conference, Professor Cohen said:

"It's rather interesting to me to see that both Canada and the United States seem to have a very nice patchwork of social security. You patch it up one way, we patch it up another. I think I can give you the illogical reasons why we patch it our way and I've heard a lot of illogical reasons why you patch it your way."

"I have come to the conclusion over my years of study that there is no 'best' social security system that one can export from one country to the other. Each country has to decide for itself what its important values are."

"The most important thing in a social security system is not whether we all follow the same pattern, nor

whether we all do the same thing, but whether we build into that program a preservation of the creative genius of our people."

"So I would say to you in Canada, build your own genius into the system. Don't try to make it so rational that the genius is left out. Don't try to make it so arbitrary, so consistent, that something you treasure of an elusive psychological value is omitted. It is just as important in a system of social security as in a system of marriage to build in values that you cannot always define, that you cannot always make objective, as it is to have a neat system that isn't a patchwork."

* * *

Out of the Conference came a sharpening and re-focussing of the critical issues in social security in Canada. The next steps are these:

A draft statement on social security policy, already prepared by the staff from careful notes on the

discussions and from views received from certain sections of the membership, will be reviewed and revised by the Council's Policy Committee on Social Security, chaired by Mr. Philip Fisher. A revised statement will then be discussed by key groups across the country, and further revised, in the light of opinions received, by the Policy Committee and the Council's Board of Governors. The final step in adopting the statement as official Canadian Welfare Council policy will be taken when the document is presented to the Annual Meeting next June.

The Council's policy will then be made known as widely as possible, and will certainly be the basis for action of various kinds towards better social security for Canada. For by the time it is adopted formally by the Council, it will represent a consensus of the most careful and intelligent thinking it has been possible to call upon.

Some Details About the Conference

The Conference met on Wednesday and Thursday, January 8 and 9, at the Canadian Welfare Council's headquarters at 55 Parkdale Avenue, Ottawa, and on Friday, January 10, at the Chateau Laurier. It had been organized by a committee under the chairmanship of Mr. G. E. Beament of Ottawa, and was presided over by Mr. Philip Fisher of Montreal, a former president and now an honorary president of the Council.

Mr. F. R. MacKinnon, on loan from the Nova Scotia Department of Public Welfare, took major staff responsibility in working with the Committee.

Attendance. The Conference was attended by 70 Canadians invited for

their knowledge and experience of social security in both theory and practice. Every province was represented, and a wide variety of interested groups: labour, social welfare administration, business, industry, economics, the universities.

Resources. A book of documents was given to each participant for advance study. It comprised copies of relevant articles and briefs, most of them previously published by the Canadian Welfare Council; a bibliography on social security; information on social security programs in selected countries compiled by R. J. Myers (see below); work papers prepared by three Canadian experts: Professor John S. Morgan, Mr. A.

Andras and Dr. Elizabeth Govan; and factual statistical data on Canada assembled with the help of Mr. Walter Duffett, the Dominion Statistician, Dr. W. R. Dymond, director of the Economics and Research Branch, Department of Labour, and Dr. J. W. Willard, director of the Research and Statistics Division, Department of National Health and Welfare.

The *Work Book* is available to Council members on loan from the Library.

There were four resource people present from the United States, whose wide and detailed knowledge of social security in many countries was drawn upon constantly in the discussions. The four were:

Dr. Eveline Burns, professor of social work, with special responsibility for teaching social security, at the New York School of Social Work, Columbia University, and author of *Social Security and Public Policy* (New York: McGraw-Hill, 1956).

R. A. Hohaus, vice-president and chief actuary, Metropolitan Life Insurance Co., New York.

R. J. Myers, chief actuary, Social Security Administration, U.S. Department of Health, Education and Welfare.

Wilbur J. Cohen, Professor of Public Welfare Administration, School of Social Work, University of Michigan, and formerly director of the Division of Research and Statistics, U.S. Social Security Administration, editor of *War and Post-War Social Security* (Washington: American Council on Public Affairs, 1942) and *Readings in Social Security* (New York: Prentice-Hall, 1948).

Program. On Wednesday, January 8, the whole Conference met together. Mr. R. E. G. Davis, executive director of the Canadian Welfare Council and Dr. Eveline Burns gave addresses on "Canada's Social Security Program" and "Fundamental Issues in Social Security" respectively.

This was general background, and was followed by a discussion on "Some Canadian Issues" led by a panel chaired by F. R. MacKinnon and composed of:

W. M. Anderson, president of the North American Life Insurance Company.

Maurice Lamontagne, professor of economics at the University of Ottawa.

C. A. Patrick, director of the Winnipeg Public Welfare Department.

Florence Philpott, vice-president and executive director, Social Planning Council of Metropolitan Toronto.

Ralph Andrews, Deputy Minister of Public Welfare, Newfoundland.

On Thursday the Conference broke up into three groups, each concentrating on one of the three areas mentioned above. On Friday the groups reported to a general session and further discussion took place. H. S. Farquhar, chairman of the Public Welfare Division of the Council, summarized, and finally Wilbur J. Cohen gave his impressions of the Conference.

After the Conference proper had ended, there was a luncheon for all participants, and the Honourable J. W. Monteith, Minister of National Health and Welfare, who was invited as a special guest, spoke briefly.

Canadian Welfare

HOME HELPS IN BRITAIN

GERTRUDE STEVENS

IT seems to me that you in Canada have all the facts about how our Home Helps Service is organized and how the cost is met, so that I can only fill in the light and shade of how it works in a small rural area.

I came into the picture as a volunteer worker in 1950 when the County Council started the Service with a small, salaried staff, at County level, and a voluntary organizer in each district.

My area covers the Borough of about 3000 inhabitants and the Rural District covering about 100 square miles and containing another small town and 20 villages with population ranging from 100 to 1000. My job is to recruit the Helps, visit the cases, decide the amount of time the Help needs to give, and last but not least see that everything runs smoothly and happily.

All the Home Helps are paid. The rate of pay is a few pence higher than the local rate for domestic work, and in addition travelling time and expenses are paid.

The Helps undertake all housework: washing if required, cooking, sewing, care of children, shopping, in fact all jobs that the ordinary housewife does. Officially they do no nursing, although I have known a Help, on occasion, to wash a patient and do jobs which could well come under the heading of nursing. But normally in such a case the District Nurse comes in for this part of the job, and the Home Help follows with the routine of the house, but she works in close contact with the Doctor, the Health Visitor, and the Nurse.

She works for the aged and infirm, and in homes where there is short or long term illness, or maternity or T.B. cases. Where there is tuberculosis the Help's agreement to undertake the case is first obtained, and no Help with young children of her own is asked to go into such a home.

The Helps employed fall into three categories: full-time (44-hour week), part-time (22-hour week) and spare-time.

The full-time and part-time Helps

This article was originally written in the form of a letter to the Editor. It happened this way: Mrs. King was visiting in England last summer and, in busman's holiday style, made some inquiries about the working of the national social services, especially Home Helps, in a country place. She was directed to Mrs. Stevens and the upshot of an intensely interesting conversation with her was, naturally, a request for an article or letter about Home Helps.

Shaftesbury, where Mrs. Stevens lives—and where King Alfred is supposed to have burned the cakes—is a beautiful town in north Dorset. (It has literary associations too: it is the "Shaston" of Hardy's novel Jude the Obscure.)

Mrs. Stevens was awarded the British Empire Medal in the Queen's Birthday Honours last year, for her work in Women's Voluntary Services, under whose auspices she is now organizing the Home Helps service in and around Shaftesbury.

are on a guaranteed weekly wage, and at the same rate of pay per hour as the spare-time Help. The latter can work as many hours as she is able, but is paid only for the number of hours actually worked, and she has no holiday with pay as do the others.

Of the 20 Helps I have working at the moment, three are on a guaranteed pay week of 22 hours, although they do in fact work longer hours, and the remainder are all spare-time Helps with hours ranging from four to twenty a week.

As many cases need help in the mornings only, I find spare-time Helps very useful. Besides one full-time Help lives in one spot, which limits the area in which she can work, and I can have four spare-time Helps living in different villages working for the same total number of hours. This can assist the transport problem in a rural area like this where buses are infrequent and time-tables and the Help's own family's needs must be studied.

I hear of the need for a Help from the doctor, health visitor, or district nurse, or from a relative of the family. I visit all cases, assess the need and discuss the financial arrangements.

The full rate for those who can afford it is about 9d. per hour more than the usual cost for ordinary domestic work, but this covers all insurance contributions and travelling expenses—no inconsiderable item. The "Welfare State" insurance contribution costs the County Council five shillings a week.

For people on lower incomes there is a reduced rate, and for those with only the old age pension this can work out to as little as 2/6d. a week. If to pay even this causes hardship, the National Assistance Board will add this amount to the pension, but it is withdrawn if and when the home help service ceases.

It is found that many of the elderly folk are quite capable of pottering around and perhaps cooking their own food, but not able to do the heavy work of getting in coals, etc. The Help going in for as little as one hour a day is sometimes sufficient to keep the old person happy in his or her own home and thus relieve the County Homes.

For the maternity cases the Help goes in for a fortnight when the mother is having the confinement at home. Sometimes there is an elderly Grannie who can help but is not capable of coping with all the heavy work as well as caring for perhaps two or three children. In this sort of case it may be sufficient to put the Help in for mornings only to lend a hand, but where there is no one to care for the children then the Help must stay until Daddy comes home.

Maternity cases can always be a headache. Babies so often don't arrive on the date given to the Home Help organizer, so that one keeps a Home Help waiting for about three weeks after the date given her, with the promises of the lovely baby she is going to have nappies to wash for presently, only in the end to have to tell her that "Mum" has been taken to hospital because of complications, so there won't be any nappies for her to wash, and the look of disappointment on a Home Help's face needs to be seen to be believed.

I recall one case where the eleventh baby was expected and the only Help available and willing to undertake such a family had five children of her own. It was all going to work out all right as the Help's children were at school all day and having school dinners, and the father-to-be of the eleventh got home from work just after school hours, and so could re-

lieve the Help in time for her to be home for her children.

This baby arrived three weeks before time and during the Easter holidays, so when I called I found the Help serving dinner to fifteen children. Her own children had joined her at the home of her 'case', and I went upstairs and found the mother in bed blissfully happy with the new baby in her arms.

Well—it worked, maybe because the Help was a mother of five and therefore understanding. If the purists are not happy about it, we can only plead that it was not as we planned. The fact remains that they really were all happy together and the family was not split up, and that could have caused distress.

In rural areas like this it is not unusual for a Help to cycle several miles, catch a bus and then walk a mile or so to get to her case. We do of course avoid this sort of thing as much as possible, but it is often necessary.

I find too that the Helps soon grow to love their work and the people whom they are helping, and they will go out of their way to do little jobs for them out of hours, such as knitting a cardigan for old Mr. G., or making some jam for Mrs. B., and they really are very patient and understanding with old folk who through ill health have become crotchety and difficult.

The calls on the Home Help Service are steadily increasing, and here where there is no unemployment it is not easy to find women able to undertake the work, but so far it has been possible to deal with the requests as they come in.

In a district like this it is not often that we come up against what we term a "problem family" where the mother needs training to help her run her own home properly, but in the larger towns this problem is met and solved. Here we are not bound with too rigid rules and so we put in the most suitable woman to cope with whatever seems necessary in any particular case.

In writing I feel I have not given a picture at all of the working of the Home Help Service here, but I do believe it is a worth while service and has lightened the burden of ill health for many, and I have great admiration for the women who undertake this work, wherever they are.

The type of cases I am sending Helps to at the moment are as follows:

An elderly couple, man crippled with rheumatism and wife now suffering from senile decay after having had a stroke.

A woman suffering from a slight stroke, likely to recover but rest in bed ordered and husband at work all day.

A family of five children under six and mother in hospital.

A maternity case, 3 other children at home.

An elderly man, wife just gone to hospital for operation.

Three or four cases of elderly sisters living together, one of whom has become a chronic invalid and the other sister unable to cope altogether without help.

Elderly lady living alone, deaf and losing her sight.

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Apply to:

G. S. CHANDLER, *Executive Director,*
Hamilton United Services,
220 Main Street West,
HAMILTON, Ontario.

OUR FEAR OF FEES

BEN SCHLESINGER

LAST week I received a letter from a social work friend of mine in Toronto in which she included the following little story:

Protection worker referring father to a family agency in the U.S. city where he lives: "You will not mind, Mr. H., if we ask the agency there to supervise for awhile?"

Client: "Mind? I've already arranged for that. I'm paying them two dollars a visit. They are going to help with any problems we have in the family. And it's their responsibility to see everything goes all right; that's what I'm paying them for."

She asked me to comment about the payment of the fees in social service agencies, since I was terminating one year of internship at the Merrill-Palmer School Counseling Service in Detroit where fees are being charged for counselling interviews.

In Canada, we are still doing a lot of soul searching about charging fees to clients of social agencies.

In our culture a person pays his own way and accepts without charge only services that have attained such universal recognition as to be essential to the welfare of all and have become tax-supported for the use of all. Paying for service has become a symbol

of self-sufficiency and independence. Money plays a crucial role in family living and is a factor in the development of a sense of self-worth and in the establishment of social status.

Looking at the development of our social work we can see that social work's tradition of serving the economically underprivileged was an accident of history and not necessarily a hallmark of the profession. Case-work has now come all the way from the grocery basket and volunteer stage, through the stage of giving relief in a skilled professional way, to a point of helping people with the problems of family and social living with or without the aid of a relief cheque.

Alice Taggart states, "Perhaps it is one of the signs of our youth that we are the only profession whose activity is still so generally restricted to marginal or near-marginal economic groups."

Fee-Charging Agencies

I can give a sampling of some of the studies which have been carried out by fee-charging agencies in the United States.

1. *Arthur Lehman Counseling Service, New York.* This service was set up to serve clients from the middle

The author obtained his degree of Master of Social Work from the University of Toronto in 1953, and then worked for three years for the Children's Aid and Infants Homes of Toronto. He was awarded a fellowship by the Merrill-Palmer School in Detroit and has been taking post-graduate work in Counselling and Psychotherapy, Marriage Counselling and Play Therapy. This fall he is at Cornell University to finish his doctoral studies, on a Grant Foundation Fellowship.

of upper income brackets. They charge a fixed fee of \$10 per interview. Their study of 1,000 adult clients indicates that 50 per cent fall into the \$7,500-12,000 bracket and 16 per cent of the clients had contact previously with a social service agency.

During the first two years of operation, they had 5,000 interviews and of these less than 1 per cent were not paid for. Their referrals from other professional groups have been increasing.

2. *Family Service of Philadelphia.* This agency instituted a program of Family Life Education, a process by which people are helped through group discussion to broaden their understanding of family relationships. Thirty-four meetings were held and a fee was charged. The agency reported that the clients felt that even a small fee represented a direct investment which brings results in the client's interest, cooperation, attendance, and participation in the meetings.

3. *Family and Children's Service, Minneapolis, Minnesota.* This agency started to introduce fees in its Homemaker's service, believing there is a value to the client in his taking as much responsibility as his means permit. This was true for the Homemaker's service and also in the agency's establishing and holding to the payment plan in a businesslike and professional manner. Before this the agency had noticed that when it "overgave" the clients often became dependent, hostile, and demanding.

4. *Family Service Association Report.* A study made in 1951 of Family Service Agencies reported that from 1947-51 there was a 300 per cent increase in the number of fee-charging agencies. In the study of 61 agencies

it was reported that the experience in fee charging had also confirmed the expectations of its therapeutic value to the client.

5. *State of California.* In 1956 the California legislature authorized public adoption agencies to charge a fee. This was partly done in consideration of the growing use of adoption fees whereby adoptive parents share in the cost of services received by them and their children. This has not only been helpful in financing voluntary agencies but has won acceptance by public adoption agencies. This view has been supported by Henrietta Gordon's study on adoption practices in which she states that people, who can afford to should and will want to help defray the cost of service rendered in adoption.

6. *Jewish Family Service Bureau, New York.* I would like to refer the reader to the article by Lotte Seelig* who has carefully illustrated by case samples the positive use of fees in the many programs which this agency offers. This study showed that "time is money" and fee charging may become an impetus to both client and casework to make the utmost use of each interview.

Use of Fees

Fee charging has come into the picture through the desire for service of people who were insistent on paying for it. It was as if the community said to us, "You have something we want and something worth paying for."

Community support of private agencies started on the basis of "those who have" providing for those "who have not" and social workers have worked usually with people who re-

*Applicability of a Fee System to a Family Agency." *Smith College Studies in Social Work*, Vol. 16, No. 3, March 1946.

quire a free or subsidized service. We find now that people in all walks of life want casework and are willing to pay for it. In charging fees we are extending the use of the agency's services to any group in the community regardless of social standing, economic level or educational background.

Fee charging has many advantages. It benefits the social worker in that he has to face healthy self-examination and this leads to sharpening of skills. It benefits the agency in that it accents the need for evaluation of program and practices. It benefits the profession in that it puts the professional stamp on casework practices which facilitates community understanding and acceptance. The average person is apt to be more interested in learning about casework when he knows that clients are paying for it.

In certain situations it would of course be out of the question to charge fees for social work services, e.g. protective work, specific services to other agencies, and financial aid.

Setting of Fees

One of the important problems of fee charging is the setting of the fees. From the available information it seems that the best method so far has been to use a sliding scale, based on income levels, and size of family—the income levels related to national and local economic factors and living standards rather than individual family budgets. In working out such scales, an agency might be wise to get the help of a home economics expert, for it requires technical knowledge and judgment.

Some other considerations in setting fees are:

1. The fee should be lowered or waived because of unusual family expenses rather than the client's preference in the use of his income.

2. The fee policy should not be so binding as to prevent flexibility.

3. The unit of service for which a charge is made is something each agency has to determine for itself. The interview seems to be the generally accepted unit.

4. In case there is more service than the office interviews, a maximum weekly or monthly fee might be established, which the client understands is the amount he is expected to pay for total service.

5. To establish any maximum fee, it would be necessary to know the full cost of the service which the agency is providing to the clients.

6. All matters regarding the fees should be discussed with the client, preferably in the first intake interview.

7. The mechanics of collection would have to be worked out. In the studies done so far, it has been shown that a good way is to allow the client to pay through one of the clerical staff at the agency.

The Administration and Fee Charging

In all our enthusiasm about fee charging, we must not forget those very important parts of our agencies, the board and administrators.

Unless an agency's board understands enough of the problems on which staff and clients are working, appreciates what goes into the art of helping, and what kind of professional training and experience is essential equipment for staff, a new fee-charging service may pull staff, board, and community apart. Here are some things the agency must think about before it seriously considers introducing fee charging:

1. Does the agency have only professional, skilled, and experienced case-

workers to handle the problems which come to it?

2. Is the staff convinced of the value of the agency's services?

3. Planning for introduction of fees calls for study that synthesizes past experience, current knowledge, and future objectives, of agencies which have practised fee charging.

4. The kind or quality of service given to a client must *not* depend on whether or not he can pay.

5. Any maximum charge represents only a part of the cost of service.

6. Is the agency willing to look on fee charging as an experiment and use it to clarify the program and competence in practice?

7. Are board and staff clear about the principles involved?

There may be many agencies to whom the idea of fee charging appeals very much and they may feel that they ought to go ahead and rush into it. The purpose of fees is *not to make an agency self-supporting or to provide additional income*, because the fees are not likely to cover more than a fraction of the actual operating cost of service.

Only if an agency has a fully trained staff who have achieved professional status as persons able to take full responsibility for their own practice, and has available the consultation of professional specialists, should it think of introducing fees. The board of the agency has to have enough real understanding of casework to back and encourage the plan. The agency should also have some understanding that the community is ready for the new venture and will respond favorably to it.

Fee Charging in Canada

I would like to thank the four Canadian agencies who promptly re-

plied to my queries about their experiences in fee charging. The following is a summary of their experiences.

The Calgary Family Service Bureau. This agency began charging fees on November 1, 1956. A sliding scale is used, which takes into consideration the number in the family, and the total net income. There is no charge for the initial interview.

The agency writes: "For more than a year the staff and board committees gave serious study to all aspects of the question. . . . We held a press conference at which time a prepared statement was issued and the reporters were encouraged to ask questions. We were careful to stress that only those who could afford to pay fees would be doing so and that the quality of the service would be the same irrespective of payment of fee. We feel that the matter was handled very well by newspapers, radio, and television. . . . We plan to evaluate our policy at the end of a year. . . . Our impression is that fees have been favorably received by the clients, other agencies and the community. The staff feels comfortable in handling them."

This agency has been keeping certain statistics about family income, occupation, attitudes toward fees, etc., and it will be exciting to hear their results at the end of this year.

Family Service Agency of Greater Vancouver. This agency revised its fee schedule two years ago, and it is based at present on size of family and monthly income. Fees are discussed in the first interview, and the clients are told that the matter can be re-discussed at any time in the future.

The community seems to have accepted the fee charging without a great deal of difficulty. It took approximately a year of preparation

before the staff of the agency felt it could comfortably carry out such a policy.

Some quotations from the letter of this agency may give the reader an idea of the study that has gone into this topic: "We believe that charging a fee facilitated service in many more instances than where it might have acted as deterrent to the client seeking help. . . . The client sees the service as a source of professional help. . . . Resistance connected with fee charging can also be used effectively in both the diagnostic and treatment process. . . ."

An interesting sidelight is that a member of the staff is preparing a Master's thesis on the topic of "Fee Charging", and I think that it will be a pioneer work in Canada, as well as in North America, since we have had so little research on this fascinating topic. The agency has kept very full records of its fee-paying clients, and these will be helpful to other agencies contemplating fee charging, both for board purposes, development of staff skills, and general enlightenment of the community.

Family Welfare Association of Montreal. In February 1954 the agency introduced fee charging for certain types of services, on an experimental basis. In June 1957 a change of fee scale was introduced to be reviewed at the end of the year.

All fees are based on income of all members of the family, and the current minimum adequate budget is used, taking into consideration the standard of living. Fees are charged per interview, with a maximum charge of four times the cost of the interview per month regardless of the number of interviews held.

For example, if a client pays \$5 per interview, the maximum that he is

charged per month is \$20. If he has more than four interviews per month he still only pays \$20. In figuring out income to set the fee, bonds and savings are taken into account the same as legitimate credit buying.

There would be a charge for the first interview when the client has been prepared for this or offers to pay. If the client prefers to pay by the month a bill is sent for "Professional services."

I would like to quote one small statement in the letter received from this agency: "For the past two years we have had some clients coming to the agency for casework service and paying fees. We know that they would not have been comfortable in approaching us before we had a policy of charging fees."

Jewish Family and Child Service, Toronto. The thinking of this agency is that fees should be charged for family counselling services, which include marriage counselling, problems between parents and children, premarital counselling and the like.

Fees should be based on ability to pay. They should be low enough that they can, without hardship, be paid from current income and should not under any circumstances put the client into debt. A maximum charge is set by the agency.

The agency is now in the midst of developing a final policy for fee charging so that there are at the moment no figures or findings available. One quotation from the information obtained from the agency struck me forcibly: "Every staff person accepts the idea that he owes to any client the best skill that he can give and that it is illogical to feel that he owes more to the client who pays than to the client who does not."

We can get the feeling from these reports that steps are being taken in Canada to introduce fees in the best manner possible, and we will have more facts, and figures, and research findings by next year.

Reactions to Fee Charging

All the fee-charging agencies in my study report only favorable reactions from the community and there has been considerable evidence that fee charging has been a help in promoting a better understanding of what casework really is.

For the clients there is frequently a feeling of satisfaction in paying for service and being able to feel as self-respecting and free as in using other personal services, medical and legal for instance. Clients were willing to

pay a fee, and were more inclined to put a good deal of themselves into using the social worker's help in working out their problems if they did pay.

It is about time that we recognized that fees are a charge for professional services, and as social workers we are professional people.

In reading about the experience of the various agencies in adopting fees, it was striking to note that the group that had the greatest problem with fee charging was among the social workers. I cannot go into this problem more fully here but I do feel that this is a problem of accepting social work as a profession. We still feel that our services should be given "gratis" and "out of the goodness of our hearts."

Conclusions

If social workers can be flexible enough to lean over on the side of the client's need, and scientific enough to examine experience open-mindedly, the fee will become a valuable addition to casework practice and will augment the general acceptance of casework.

There is every indication now that, if we are convinced about the soundness of our social services and our own integrity in improving them, and if we know that what we have to offer is worth payment, we can find ways of helping new groups use these services. If the services are helpful and valid, then payment for them will not be a depriving force, but rather a positive one.

Our social services then become similar to all other services, but we still maintain our social responsibility by making our services equally available to those who cannot pay as well as to those who pay.

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FOUR HOME CARE PROGRAMS

WINNIFRED HERINGTON

THE provision of home medical care is not a new idea. In Boston and Edinburgh the medical schools have been operating home medical care services for indigent patients as part of their clinical teaching programs for over 100 years. Many programs for home medical care have developed in the United States and more and more it is becoming accepted as an essential part of a community's health services and a new way to meet the growing problem of long-term illness.

"Home Care" is defined by the United States Commission on Chronic Illness as "those organized programs having centralized responsibility for the administration and coordination of services to patients (at home) and providing at least the minimum of medical and nursing care, social services and essential drugs and supplies".

In Canada, interest in this kind of coordinated program is just beginning¹, but a number of community groups and health organizations are

setting up planning and study committees and the Canadian Arthritis and Rheumatism Society is being asked to participate in them.

To gain more knowledge of this type of care, I made a study tour and observed four home care programs in operation. I visited Bellevue Hospital, New York; Montefiore Hospital², New York; the Philadelphia Home Care Plan; and the City of Richmond Department of Health.

The reasons for selecting these four centres were that each represented a different type of administering agency; all the programs had been in operation five years or more; and, although types of services provided were similar, the basic philosophy, purposes and methods of coordination varied.

Bellevue Hospital

Bellevue Hospital is one of 15 municipal hospitals in New York City which come under the admini-

¹With the exception of the Reddy Memorial Hospital program in Montreal, which has been in operation for a number of years.

²See "Meeting the Needs of the Chronically Ill", by Dr. George Silver, CANADIAN WELFARE, May 1, 1953, for a description of the Montefiore program.

Miss Herington is a medical social worker with the Canadian Arthritis and Rheumatism Society. The article is based on a report of an observation tour she made in the fall of 1956. Its publication is timely just now because a Home Care Project has just been launched in Toronto as a joint public and private agency effort. The City Department of Health has asked for and received a grant-in-aid to establish a home care plan. The project was undertaken on recommendation of a sub-committee on hospital and medical facilities for older persons of the Social Planning Council's Committee on Health.

stration of the New York City Department of Hospitals. The Department of Hospitals began developing home care programs in all its hospitals in 1949 because of an acute shortage of beds, and because home care was believed to be a better method than hospitalization of caring for patients with long-term illnesses who did not require intensive hospital treatment.

The Bellevue Home Care Department is an integral part of the hospital serving only the hospital's own indigent patient community. It is under the direct administration of the Deputy Superintendent, but broad policies concerning selection of patients, procedures and standards of service are determined at the Department level.

Generally speaking, patients selected to go on home care are medically indigent, have a long term illness, are unable to attend a clinic and require regular medical care and other ancillary services.

Bellevue Hospital provides all the services except bedside nursing from the Home Care Department staff. These services include medical care by a rotating staff of internes, social service, physiotherapy, occupational therapy, housekeeping services, drugs, x-rays, sickroom supplies and transportation.

Nursing service is purchased by the Department of Hospitals on a fee-per-visit basis from the Visiting Nurse Association of New York. The program is entirely financed by the Department of Hospitals and no fees are paid by any patient. The key staff member is the Nurse Coordinator. She is responsible for the day-to-day operation of the program and the coordination of services to individual patients.

The Bellevue program extends hospital services to some 240 patients in their homes who might otherwise receive little or no care or alternatively might find themselves remaining in institutions indefinitely. Although this group of patients are being adequately cared for on home care, some weaknesses were noted at Bellevue:

The provision of medical services on a monthly rotation basis by internes with heavy in-patient responsibilities meant poor or less continuity of medical care and little enthusiasm or interest in home care patients by the internes.

Although the program relied heavily on the evaluation of the social worker in the selection of patients, this service was inadequate because these workers too were burdened with heavy in-patient caseloads. This weakness might not have been so clearly felt by other staff members if the social worker's function were not so well defined in the program.

Montefiore Hospital Home Care Program

Montefiore Hospital is primarily a hospital for the chronically ill with out-patient clinic facilities attached. Its home care program is generally considered to be the first of its kind and the model from which many other programs have developed.

The Home Care Department is part of the Division of Social Medicine within the hospital and comes under the final authority of the hospital director. The director of the department is a doctor and he is responsible for the day-to-day operation of the program.

Like the Bellevue plan, the Montefiore Home Care Department was established to permit some patients with long-term illnesses to be cared

for away from the hospital by extending the hospital's services to the home. Patients must be medically indigent, and the majority are Montefiore's own patients. A private physician may refer a patient but if he does the hospital takes over complete care.

All services are provided by the Home Care staff except for nursing services. About 50 per cent of nursing service is provided on a fee-per-visit basis by the Visiting Nurses Association of New York, and the other 50 per cent is provided by student practical nurses from the hospital's own School of Practical Nursing.

The program is financed from the total hospital budget and no fees are paid by patients except for token fees by a few patients.

The strength of the Montefiore Home Care plan lies in the strong emphasis on the team method and the dedication and enthusiasm of the Home Care staff.

The weaknesses found in the Bellevue plan are not present in the Montefiore one. Medical care is provided by salaried part-time doctors who each has his own group of patients to visit. Social workers and other professional staff assigned to the Home Care Department have no other responsibilities in the hospital. The whole program is highly organized and services to patients closely coordinated.

The program and organization are excellent, but one wonders whether a hospital-based plan which provides such a concentration of services to such a limited group of patients is the only and the best way to care for chronically ill patients in their own homes. And, since Montefiore is not a teaching hospital, it is perhaps unfortunate that its contribution to medical education is limited.

Philadelphia Home Care Plan

The Philadelphia Home Care Plan is a program administered by the Visiting Nurse Society. It serves any chronically ill patient in the city who is referred by his doctor. Perhaps because it is sponsored by the community through the local Welfare Council, its basis is different from hospital-based programs in the group of patients served, sources of referral, and aims of the program.

Referrals are accepted from any source but service is given only on receipt of written orders from the patient's private physician. Since doctors caring for patients on public assistance are paid by the government, anyone with a long-term illness may be eligible for the service regardless of his ability to pay, and conversely those able to meet all costs of medical care are not denied the advantages of a coordinated program of services.

In this program, selection of patients is based solely on whether the homebound patient requires a combination of a number of medical and ancillary services in order to regain the best possible level of health and self-care. The staff of this Plan contend that not all chronically ill patients do need this type of service.

Since one of the chief aims of this program is restoring the patient to the maximum level of self-care and independence, the cooperation of the patient and his family is essential in learning to carry on with treatment schemes themselves, with steadily decreasing supervision from the professional staff.

The Visiting Nurse Society provides nursing, physiotherapy and occupational therapy from its own staff, and the only expenses charged to its Home Care Budget are for the nurse coordinator, the part-time

medical director, speech therapist, housekeeping services, and drugs and other supplies when necessary. There are written agreements with two family agencies to provide social service on request.

The Philadelphia Home Care Plan as a department of the Visiting Nurse Society is financed by the Community Chest but it also draws on voluntary health organizations for help with special needs such as drugs and appliances.

Patients pay according to their ability on a fee-per-visit rather than a fee-per-service basis. One full-time nurse coordinator is responsible for the day-to-day operation but she has very strong support from a part-time medical director who is a private physician.

Relying as it does on the interest and support of private physicians and voluntary agencies, this program has developed rather slowly and undramatically. One weakness might be the lack of full support and interest of the hospitals. This type of program is easily managed while the caseload is small, but it could become increasingly difficult as the program expands to coordinate services provided by a number of voluntary agencies.

Richmond Home Medical Care Program

This is not a home care program for the chronically ill but rather a coordination of medical services, known as the Medical Aid Bureau, to the city's indigent population. One division of the Bureau operates a home care service to patients on medical aid with acute or chronic diseases who cannot attend the hospital's clinics.

The Home Care Service is under

the joint administration of the Department of Health and the Medical College of Virginia, since training of medical students is one major objective of the service. The service is entirely financed by the city and no fees are collected from patients.

The Home Care Department provides only two services directly: social service and medical care given by 4th year students under the close supervision of two residents and a part-time director.

Nursing service is provided by the Instructive Visiting Nurse Association combined with the City Public Health Nursing Division. All the other services such as physiotherapy and occupational therapy are available from the hospital for patients who can be brought in for treatment.

This program, which combines comprehensive medical care to public assistance patients and education of medical students, would be difficult to duplicate in another community because of the special circumstances which exist in Richmond. This is a small city with a state medical college and one teaching hospital with the only out-patient service in the city. The Medical College and the Department of Health are close to each other and there is integration at the administrative level of the Public Health Nursing Division with the Instructive Visiting Nurse Association.

* * *

All these Home Care Programs have grown up to solve, to some extent, the problem of caring for the patient with a long-term illness, but the groups served and the objectives vary.

Hospital-based programs aim at extending their services to their public-

ward patients who can be just as easily or better cared for at home. This releases hospital beds for more acutely-ill patients.

The two community-based programs seem to gear their program to serving patients already homebound who might benefit from having a full range of services available to them at home and thus prevent future hospitalization.

The one serves the indigent, the other primarily those who can pay at least partially for medical care. In none of these programs are both groups served. Whether they ever could be served by one agency or hospital would depend on whether the hospital were willing to give medical service only, or were willing to extend all its ancillary services to the private physician.

At present the medical profession is divided on its opinion of the hospital's function in this field. Some hospitals believe they have a responsibility to the community to extend their services to patients at home. But this runs counter to the views of many in the medical profession who feel this is beyond the hospital's function and just leads to the further exclusion of the general practitioner from another area of medicine. Many also feel that hospital-based programs emphasize only the care of the medically indigent and ignore the needs of patients who can pay for a coordinated service.

I do not believe there is any one proper agency to administer a home care program. It depends on where the medical leadership and interest lies, since enthusiastic and devoted medical direction is the key to success in each of the above programs.

The other professional members of

the team, such as nurses and social workers, are so close to the problem of ill people at home they do not need to be "sold" on a home care program. With a strong medical director even on a part-time basis, and a good administrator of whatever profession, the mechanics of coordinating services and operating a home care program can be readily worked out.

Financing any of the programs described never seemed to be a difficult hurdle. The daily cost of the service was roughly \$4.00 a day in the first three programs. The initial outlay seems to have been greater in the hospital programs, where additions to staff were necessary, than in Philadelphia where no additional nursing, physiotherapy or occupational therapy staff was necessary. In fact in the latter there was a decrease in the amount of nursing service required by the home-care group of patients because the other services were integrated into the patient's treatment program and the emphasis was on teaching self-care.

Financing of hospital-based programs especially is further simplified by federal grants-in-aid to cover all basic medical services including ancillary services for public assistance recipients. This is not the case here in Canada where, with possibly the exception of British Columbia, the only medical services available to the indigent are for doctors' fees and hospitalization.

No one can observe any of these programs without being convinced that they offer at least a partial answer to the problem of caring for chronically ill patients, and that a successful program is not so very hard to establish if enthusiasm and interest can be found in only a few members of the medical profession.

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FROM EMIGRANTS TO IMMIGRANTS

JEAN HUGGARD

AFTER a three-hour trip we arrived at the camp at dusk. The Hungarians themselves had arrived barely an hour before, and the families were rapidly being assigned and escorted to their cabins with sufficient provisions for the first few meals.

We had spent four days at The Hague and then been sent to camps in various parts of Holland. Two of us had been posted to this camp in Holten near the eastern border. Because it was isolated from the other camps, it was not a popular location, and I had parted rather sadly from the other teachers whom I had known only four days but who had suddenly become familiar and close to me. At the time I did not realize how quickly I would develop a strong attachment to the refugees and staff of our new camp.

We found accommodations for ourselves in an old but comfortable hotel, De Gouden Leeuw, in Almelo, a town about twelve miles away. Later in the week we returned to the camp to make the acquaintance of the other members of the staff and draw up a schedule for the classes.

There were only three Canadians at the camp: the Red Cross nurse, another teacher and myself. The rest of the staff was Dutch and consisted of the administrator, two social workers, a caretaker and a Dutch-Hungarian interpreter. Two Canadian social workers who spoke Hungarian journeyed from camp to camp.

The camp at Holten was one of the largest refugee camps in Holland, where there were 208 persons ranging in age from a few months to 70 years. It was made up almost entirely of family groups which came from various social and economic levels, from the completely illiterate who could not read nor write their own language to highly qualified professional people.

The refugees and staff spent the first few days becoming adjusted to the new situation and to one another. For the refugees, the escape had levelled out many of the social distinctions which had existed in their native country. None had escaped with many personal possessions and all were dependent upon the hospitality of the Dutch people who provided equally for them all.

Early last February Miss Huggard accepted an assignment from the Department of Citizenship and Immigration to teach English to Hungarian refugees waiting in Holland for passage to Canada. Within a week she and a small group of other Canadians had arrived at The Hague, and were being introduced to the job that was to keep them busy for the next three months. Their work was not only to teach basic English but to introduce the refugees to "the Canadian way of life". Miss Huggard is casework supervisor in the Social Service Department, Women's Pavilion, Royal Victoria Hospital, Montreal.

For my part I had my own personal adjustment to make. As I was unfamiliar with this group and could not speak their language, my impressions had to be based almost entirely on such nebulous things as were conveyed to me by tone of voice and facial expression.

The Camp

The camp site was a particularly pleasant one—so much so that on mellow spring days I sometimes wondered how the attractive surroundings and the local hospitality would be remembered by these people if they were faced with inadequate housing and scarcity of work when they first arrived in Canada.

The cabins were situated in a pine grove and had been built as a vacation spot for Dutch families. The refugees were, however, the first tenants, as the project had been completed only the week before their arrival.

Every cabin had its own kitchen and was fully furnished and equipped, so that the families could buy their own food and prepare their own meals. (In some of the other camps the people had their meals prepared for them, but as this differed greatly from their native cooking it often became a source of complaint.)

As I grew to know our camp better, I lost my concern about the comparison of these temporary quarters with what the people might find in Canada. The sudden disruption of their lives, the unhappy memories of the past, and the hope and fear of the future almost blotted out awareness of their surroundings.

For everyone at the camp this was a period of dislocation, but only one of several they would have encountered between the time of their escape

several months before and the time when they finally became established. The refugees had been through a long period of oppression and fear, through the days of the revolution to the climax of their escape.

Life in Hungary as it was pictured to me was one of long hours of work for low pay, coupled with high living costs. Communist control had brought with it a sudden social upheaval. A few workingmen, accustomed to menial jobs, had been elevated to positions of wealth and power, while people of former wealth had been deprived of all their possessions.

Even these hardships were easy to bear compared with the fact that one's life and freedom were in constant jeopardy. A nurse from Budapest told the story of how the secret police frequently came to the hospital where she worked and made arbitrary arrests of both staff and patients. That a doctor might be performing an operation or that the patient might be seriously ill was not considered.

The most trying circumstance was that no one had any assurance of safety: strict adherence to the required code was no guarantee. Sometimes people who were released after several years in prison had no knowledge either of the reason for their imprisonment or for their release.

Escape

The revolt, and the oppression which became increasingly severe after it, made these people determined to escape. Some of them had been planning to do this for a long time; others were caught up and carried along in the excitement and drama of the moment.

Escape could not have been easy. Some fugitives sold whatever jewelry they had to pay guides to bring them across the border. A family

group of fourteen, which included three generations, was forced to wait four days for the guards to relax their vigilance before they were able to get into Austria.

One couple had to leave a child with relatives who intended to follow later but did not do so. When the father returned to Hungary for the child, he was detained by the authorities. The Red Cross efforts to get this family reunited had not yet been successful when the mother and her other children left for Canada.

A woman whose husband died during the fighting left three days later with her small child. She took nothing with her except the clothes they wore. She found she could carry on only by pretending the past had never existed.

Most brought a few possessions that had special meaning for them—something from the past to carry over into their new life. Sometimes it was a small family heirloom, a book, or family album. And nearly all, I felt, carried a feeling of strong national pride, a deep affection for their native city of Budapest.

Many of the group had left Hungary in November or early December. They had made their way to Vienna and waited there until moved to the distribution center at Budel. From Budel they were sent to our camp to stay until the final move to Canada. The months of waiting must have stretched out as a trying anti-climax, filled with anxious wonder about the future.

Sometimes the anxiety was quiescent, and sometimes active, but it was always there. The question in everyone's mind, repeated daily, was, "When do we go to Canada?"

Restlessness and impatience to establish homes and roots again made

itself felt in many different ways. There was expectancy with every rumour of a move, disappointment when it did not materialize, and fretfulness if others who left Hungary later reached Canada first. Explanations were well accepted by many but others could not understand. And unfortunately there were times when no explanations could be given.

Nearly all the group had left close relatives in Hungary and often received disquieting reports. One couple learned that their eldest son had been shot while trying to escape. Sometimes word came through of illness and accident that had befallen relatives who remained at home.

The Red Cross learned that false reports were sometimes being sent from Communist quarters, presumably in an effort to bring the people back. Two brothers, tormented by pleas from their mother, did return, to the consternation of the other refugees.

Some people, unhappy in their family relationships, hoped that a fresh beginning in new surroundings would provide a magic panacea. They looked not only for freedom and better living conditions but also a happier personal life.

Perhaps in some instances the necessity of standing together through strange new circumstances would overcome past differences but it was not usually so. We saw two families whose bewilderment and unhappiness increased as they realized one more attempt to solve personal difficulties had failed.

Learning English

Happily, most of the people seized any opportunity to prepare themselves for their new life, learn the language and acquaint themselves with the country. As soon as they

could put a few English words together they began their enquiries about Canada. At the Hague, we had been told that no teachers had pupils with higher motives for learning, and I frequently thought of this as I saw persons sitting through the same lesson two or three times.

Classes had been arranged at different hours for parents of small children so that one parent could remain at home while the other attended class. Sometimes parents came together to both classes with the children, for they were eager to have every opportunity to hear English spoken.

Teaching a language to a group where teacher and pupils share no language in common is a fascinating experience. The sense of achievement I felt when I saw understanding on the faces of the class was probably surpassed only by that of my pupils when they grasped the meaning and felt they had gained one more tool to meet experiences in a new country.

Differences in ability became quickly apparent, and with this, the slow ones grew discouraged. A second group arrived at the camp two weeks after classes had begun. At this time there was a redistribution of classes so that people of similar ability were grouped together. Pupils with the most difficulty in learning English remained in the beginners' classes with the new arrivals, and were encouraged when they suddenly found themselves in the position of excelling. Unhappily, they again fell behind and it was with a pang that I saw their discouragement mount.

We were our own attendance officers, and we visited those who missed classes to try to determine the reasons for absences. Nearly always the cause was discouragement and the

fear that they would never be able to learn a language so strange and different from their own.

Three refugees in our camp spoke English well and were used in the teaching program; one who showed exceptional ability and patience was asked to work closely with those who showed the greatest learning difficulties.

Very few showed indifference to the classes, although one man saw no reason for his wife to learn English. One claimed that he did not need to learn the language since he had a rich uncle in Canada. As he had a family of five it seemed doubtful whether his uncle's generosity would extend far enough. The interpreter, embarrassed by such a reaction, did not wait to translate my response but broke into a plea for him to accept his own responsibility.

Learning About Living

We had been given a large Eaton catalogue and a few sale catalogues for use at the camp. These were used in classes, not only to teach vocabulary, but also to give the newcomers some familiarity with costs. The men and women poured over the pages with the eager longing of children in front of a store window at Christmas.

A few Canadian magazines and newspapers were also available. As the group became able to read English, they scanned the want ad sections carefully to learn about employment opportunities and living accommodations.

The overwhelming concern of the men was the employment situation in various parts of Canada, the rates of pay, and the cost of living. This was shared by women who had worked in Hungary and expected to continue in Canada. But women who had re-

mained in the home and taken little active part outside seemed to be less worried about the future. Perhaps because they had never assumed any active part before, they felt a good measure of security as long as their own family unit was maintained.

Men with special skills were worried about differences in methods in Canada, and wondered if their work would be found satisfactory. Some, such as one baker at the camp, faced the handicap of readjustment in carrying on his occupation. A few had trades with little or no demand in Canada. Professional men had grave concern about whether their training would be recognized in a different country. In several instances men who were well established in their profession in Hungary knew they must take training before qualifying for practice here.

Those who wished to work during this temporary period were given an opportunity to do so in nearby towns. This had several advantages: they were busy, they were self-supporting, and the experience of working in one strange country gave them confidence in their ability to cope successfully in another. Since many of the Dutch workmen spoke English, this was often the only language in which communications could be carried on. The Hungarians were delighted to have an opportunity to put their new language to practical use.

A few of the people had a rather exaggerated idea of the good conditions in Canada and I feared this false picture would add to their difficulties in adjustment when they arrived. To give them a more realistic picture of their new country as well as an opportunity to practise speaking English, we rehearsed imaginary situations. Acting out an interview with

a prospective employer, for example, enabled us to correct some of the faulty impressions acquired through wishful thinking or from false rumours. At the same time, class members sometimes pointed out an unfavorable trait such as a demanding or aggressive manner, that would handicap a newcomer to a country.

The Red Cross nurse was a busy person at the camp. Her observations made me feel that the people's emotional state was often responsible for much of their physical illness. One woman expressed this very well when she replied to an enquiry about her health. She commented that she had had a headache since the night before she left Budapest; she smiled as she said she expected it would stay with her until the day after she reached Canada.

Letters from the New Homeland

During the latter part of our stay, letters began to arrive from friends and relatives who had already reached Canada. The whole camp seemed to become elated or downhearted depending upon whether the news was favorable or not. My first experience with this sort of thing was a troubled excited talk at the close of one of the classes. The group was so upset that I asked what was wrong and learned someone had received a letter reporting very discouraging experiences—the man had no work, the cost of things was frightening, and he had been given five dollars which he understood was to feed himself and his family until his first pay.

As we talked about it, the group gained some assurance that this man would be assisted until he was able to provide for his family. Someone pointed out that the writer of the

letter always expected the worst so that he exaggerated gloom.

Following this, the group brought any letter they received from Canada to share with other class members who could ask any questions it might raise. If the letter was discouraging, there was always someone in the group to underline what was positive, advise wisely on the need for patience in becoming established, or point out

that if they gained only their freedom the move would have accomplished its purpose. A cheerful letter raised the spirit of the whole class.

One evening, a pupil brought a letter from his friend who had settled in a dreary little mining town that was familiar to me. My heart sank when I saw the postmark, but I too was cheered by the first sentence. He wrote, "I have found paradise".

COMING EVENTS OF INTEREST TO COUNCIL MEMBERS

February 17 to 20. Canadian Conference on Education, Ottawa.

February 21 to 23. Canadian Institute on Public Affairs. Week-end Conference. Theme: "Bureaucracy on Trial". First Unitarian Church, Toronto. Information from Canadian Institute on Public Affairs, 244 St. George St., Toronto 5.

February 22 to 24. Community Funds and Councils of Canada (a Division of the Canadian Welfare Council). Midwinter Conference, London, Ontario.

May 11 to 16. National Conference on Social Welfare, 85th Annual Forum, Chicago, Illinois, U.S.A.

June 1 to 6. Canadian Conference on Social Work. Biennial Meeting. Sheraton-Mount Royal Hotel Montreal.

June 2. Canadian Welfare Council. Annual Meeting. Montreal.

July 14 to 18. International Congress of Juvenile Court Judges, Brussels. Theme: "Social Action of Juvenile Court Judges". Information and registration: General Secretariat, International Association of Juvenile Court Judges, Palais de Justice, Brussels.

July 20 to 26. World Child Welfare Congress, Brussels.

July 27 to 30. Congress of the *Oeuvre Nationale de l'Enfance* of Belgium, Brussels. Open to foreign visitors. Theme: "The Child from One to Six Years". Information: L'Oeuvre Nationale de l'Enfance, 67, avenue de la Toison d'Or, Brussels.

July 30 to August 4. Congress of the World Organization for Education in Early Childhood. Theme: "The Challenge of the Children—The Importance of Unity and Continuity in Early Childhood Education". Information: Secretary of the Belgian O.M.E.P. Committee 30, rue du Transvaal, Brussels.

November 30 to December 6. Ninth International Conference of Social Work. Tokyo, Japan. Theme: "Mobilizing Resources for Social Needs". Information from Canadian Committee, International Conference of Social Work, 1435 Bathurst Street, Toronto.

From November 17. Study Tours before and after International Conference. Information from address above.

"What are the rights in Alberta of a child adopted in Scotland by parents domiciled in England? And what if the child in question had been a German orphan?"

ADOPTION IN THE CONFLICT OF LAWS

R. B. SPLANE

IN a study¹ which appeared in 1955, Gilbert D. Kennedy examined the legal effects of adoption in the jurisdiction in which an adoption takes place. The study showed that most of the adoption legislation then in force did not ensure, legally, the complete removal of a child from his former family and his re-integration into the adopting family, which is the goal of modern adoption.

Mr. Kennedy's strong case for the necessary legislative change required to make the transference complete in all its legal effects gained wide interest across Canada, and no doubt played an important part in the amendment of British Columbia's Adoption Act in 1956, an amendment which embodies the principles which his article had set forth.

In the study under review here Mr. Kennedy moves on to a new problem area in adoption. It has to do with the recognition by one jurisdiction of adoptions that take place in another.

By way of illustrating the problems he asks "What are the rights in Alberta of a child adopted in Scotland by parents domiciled in England? And, what if the child in question had been a German orphan?"

Comparable situations, he points out, are by no means unusual in our highly mobile world. Because of the conflict of laws in different jurisdictions, less complex if more common

situations may present serious difficulties. Problems arise even when the jurisdictions involved are different Canadian provinces.

The trend of Mr. Kennedy's argument is clear. His quest is for practical solutions that will assist in achieving the basic aims of modern adoption.

This approach is illustrated in his discussion of the question of what jurisdiction should make the adoption order. Should the decision be on the basis of domicile, or residence; should it relate to the adopting parents or to the child? His answer is a plea for flexibility.

If the primary consideration . . . is the child's welfare, questions of domicile, legal residence, international or inter-provincial boundaries can only be matters to be taken into consideration. They cannot finally determine jurisdiction. So long as people move about as freely as they do in this modern world, some new criterion for jurisdiction is required. May we not say that the court, assuming it is satisfied about the child's welfare, has adoption jurisdiction when there is some appropriate connection with the territory by at least one of the parties? No time need be wasted, by suggesting that all three parties, natural parents, child, proposed new parents—must be connected with the territory. Preferably the order should be made by a court where the new parents reside—parents with whom the child will in most cases be residing. That court can more easily judge the child's welfare. But that court should not be the exclusive court. There may be causes where, for one reason or another, the

¹Gilbert D. Kennedy, "The Legal Effects of Adoption", *Canadian Bar Review*, August-September, 1955. Reviewed in *CANADIAN WELFARE*, February, 1957.

court of the natural parents' residence, child's domicile or child's present whereabouts might be the proper court. No one court will have or should necessarily have, exclusive jurisdiction.

Similarly with the other major question dealt with in the study: that of the recognition accorded to foreign adoptions. Mr. Kennedy argues for a straightforward solution: he urges the recognition of "any foreign adoption made on a basis comparable to what we do in Canada."

The common law, he believes, makes such recognition possible. Thus no problem is posed in Newfoundland which does not deal with the question by statute. In the other eleven Canadian jurisdictions (nine provinces, Yukon and Northwest Territories) some provision is made in their adoption acts. None, in Mr. Kennedy's opinion, quite achieves the goal he has in view.

Accordingly he suggests their repeal and replacement by a simple statutory amendment such as "An adoption effected according to the law of any other jurisdiction shall have the same effect as an adoption under this Act."

Where a province does not wish to go as far as recognition of all foreign adoptions, Mr. Kennedy suggests that the Act designate those jurisdictions whose adoptions it will recognize.

This was the course followed by British Columbia in an amendment to its Adoption Act passed at the 1957 session of the Legislature. The Act now accords to adoptions effected in provinces or countries which are specified by the Lieutenant-Governor in Council the same recognition that is granted to those completed in British Columbia.

Mr. Kennedy believes that the widespread practice of having "social investigation" following a period of trial residence provides the court with the means of ensuring that the central aim of adoption—the welfare of the child—is realized.

Given that assurance there is no need for courts, or rather legislatures, to continue to retain the existing limitations to the recognition of adoptions of other jurisdictions, these adoptions having been completed with the same aim and by the use of essentially the same procedures.

While it is pleasing to have this tribute to the role of social investigation, adoption workers are likely to feel that the *investigation* by a social agency is insufficient, the real safeguard being *placement and supervision* by a social agency. But that is another story for another time.

Mr. Kennedy has reached the view that statutory changes are required in most Canadian jurisdictions.

Does the child welfare field need to take a position in the matter? The traditions of the field indicate an answer in the affirmative. This too is the answer one would take from a recent article¹ of the Director of the Child Welfare League of America in which adoption agencies and social workers are reminded that if the adoption law "needs changing they have the responsibility to spearhead the movement to do so".

Such a principle would surely apply not only to the sections of the adoption law with which child welfare workers are most directly concerned; it would equally well apply to defects in the legal aspects of adoption to which Mr. Kennedy has again drawn our attention.

¹Joseph H. Reid, "Principles, Values and Assumptions Underlying Adoption Practice." *Social Work*, January, 1957.

Who is qualified to make predictions about the future of health and of medical care programs?

A LETTER TO THE EDITOR

I agree completely with A. Andras's review of the Lougheed report, *Underwriting Canadian Health*, which appeared in the September issue of your magazine.

The report begs questions which only the Canadian public may and can answer as it works out its philosophy of health care. In this process the economist will of course play a vital part, but he will do so because of his accounting skills and special knowledge of certain measurable factors, not because of any prescience of the evolution of health and welfare viewpoint and demand in our country.

Economists may extrapolate safely from past experience in fields such as wheat marketing or real estate, because the functions of the commodities and public appreciation of them are not likely to change greatly. Such projections for the future in the health field, however, are of dubious validity.

Who is to say what health measures will cost in 1980, much less whether the price will be too great for the value received? Many factors besides cost will determine the precise manner in which the present rehabilitation movement, for example will unfold.

Certain rehabilitation activities undoubtedly increase the efficiency of industrial manpower. This will be reflected in the Gross National Product but not as a discernible credit in any health cost ledger.

Whether we keep our heads in the provision of a better life for those past normal retirement age remains to be seen. Still, there are plenty of pressures that will work to make this something more than "medicated survival", a fear of which I would share with William Lougheed Associates.

What our health world will be like in 1980 I do not know, but I suspect that the testimony of conventional economics casts less prophetic light on the matter than we may gain from other considerations. Some of these are: the history of health and welfare movements in comparable democratic countries; the reactions of segments of the Canadian population to existing fairly comprehensive types of prepaid coverage; and, in a more speculative field, the impact of Sputnik *et al* on our prevailing mood and Zeitgeist.

Will we respond to startling realities by toughening and sacrificing on the part of all—or will we escape from facts of life by hiding our heads in the sands of affluence and the amenities to be purchased by a part of our people?

Will we muster our scientific resources to strengthen the entire community, or shall we agree that there "seems to be no overwhelming reason why health care should be any more accessible than a television set or a second-hand motor car?"

J. WENDELL MACLEOD, M.D.
*Dean of Medicine,
University of Saskatchewan*

ACROSS CANADA



PARLIAMENT HILL

Study on Old Age Security On January 13 the Prime Minister announced that the Government has arranged to have a study made of the U.S. system of contributory old age pensions, looking to the possibility of supplementing the present payment system with a contributory plan. On January 24 it was announced that the study would be carried out by Dr. Robert M. Clark, associate professor of economics at the University of British Columbia.

Unemployment The government approach to heavy unemployment has been to amend some of the legislation bringing benefits to those out of work and to initiate projects to provide more employment during the winter.

In the first category was the bill to extend the period for receiving seasonal benefits. Also passed before Christmas was a bill abolishing the threshold provision in the Unemployment Assistance Act. This provided that the Dominion would pay half of unemployment assistance only for those out of work in excess of .45 per cent of the provincial population. Actually only six provinces, with less than 5,000,000 population, had signed agreements with the Dominion under the old act. Now the population covered will be more than doubled with the entry of Ontario.

The three other provinces which National Health and Welfare Minister Waldo Monteith said he now hopes will join the plan are Quebec, Alberta and Nova Scotia. The total annual cost to the Dominion, if all provinces joined, is estimated at about \$20,000,000, an increase from \$4,100,000 in the fiscal year 1956-57.

In the second category, projects to promote employment, the government's main effort has been to encourage construction of low-cost housing. In December a second \$150,000,000 was pumped into the amount of federal loans for this purpose which may be made through CMHC.

The same amendment to the NHA lowered the required down payment and provided that prospective home purchasers could qualify for loans even though payments would take up to 27 per cent of their income, instead of the 23 per cent ceiling as before.

Work for several thousands was to be provided under a \$1,000,000 program of projects in the National Parks, announced by Northern Affairs Minister Alvin Hamilton. Mr. Hamilton also announced the Dominion would pay 50 per cent of the cost of construction of forest access roads which were cleared and built before June 30 in order to provide winter work. An

initial \$1,000,000 was provided for this joint Dominion-Provincial project, but Mr. Hamilton said more could be provided if a sufficient response was forthcoming from the provinces.

Hospital Insurance While public attention was preoccupied with the unemployment situation, some of the government's heaviest work was being done in the field of Hospital Insurance. A meeting of technical officers of the provinces and the National Health and Welfare De-

partment was held in December and then people really got down to work on the operative details of the agreements which will have to be signed between the Dominion and the Provinces.

This required an immense amount of research, checking population figures and trying to get exact statistics on such things as the number of dependants of the average wage earner. The estimates arrived at will involve millions in working out the costs of the scheme in operation.

GENERAL NEWS

Canada Council Grants The Canada Council administers a university grants fund of \$50,000,000 to be used for assisting institutions of higher learning in the erection of buildings to be used for the arts, humanities and social sciences, each grant to be not more than 50 per cent of the cost of the building. To December 3, 1957, allocations totalling \$3,395,000 had been made to nine institutions, for main buildings, residences, libraries and an art gallery.

Allocations were also made from the Councils' endowment fund to three symphony orchestras, the Canadian Folk Music Society, the Dominion Drama Festival, the National Federation of Canadian University Students (for a national study seminar in September 1958), four local arts or festivals organizations, and one individual, Dr. Marius Barbeau, for preparation of material on French-Canadian folk songs.

The chairman, Mr. Brooke Claxton, said that as a general rule the extent to which an organization was already receiving support from its own community was an important factor in influencing the Canada Council to make a grant.

In August, provision had been made for assistance to individuals in nine different categories of scholarships, fellowships and grants for postgraduate study, as well as for writers, artists, and creative workers in television, broadcasting, journalism and films. Announcement will be made in March of these awards to individuals. By early December about 1,000 applications had already been received, and further applications were to be received up to dates in January and February previously announced.

A recurring annual scholarship is being given to the Government of Ghana to be used by a student from Ghana for graduate study in Canada in arts, humanities or the social sciences. This is in line with the Council's action at the time of the Malayan independence celebrations last September, when provision was made for award of a scholarship to the Government of Malaya for a Malayan student to study in Canada. The award is intended to be in effect for five years.

Control of Drugs Protection against the misuse and abuse of potent drugs is afforded by the work of the Scientific Services of the

Food and Drug Directorate of the Department of National Health and Welfare. The Food and Drugs Act provides for control of sales of potent drugs and the Food and Drug Directorate has a corps of inspectors to make sure the provisions of the Act are carried out. The Directorate welcomes the co-operation of social workers and others in bringing to its attention instances of the misuse or abuse of drugs. It provides information about the kinds of drugs that may be a danger and that are legally sold only by a registered pharmacist on the prescription of a physician, and furnishes on request a list of its 26 inspectors across the country who may be consulted in case of need.

Ontario Society on Aging

As an outcome of the First Ontario Conference on Aging held in Toronto last summer and attended by about 650 people from 53 Ontario communities, a new organization has been formed, the Ontario Society on Aging.

Its objects are:

1. To stimulate public awareness and interest and community activity with respect to ageing, by such means as educational conferences and courses, fact-finding and investigation, encouraging government programs, and assisting voluntary services.
2. To establish a centre for advisory, consultant and referral services with respect to ageing.
3. To obtain financial support for carrying out the objects of the corporation.

The report of last year's Conference, *Aging is Everyone's Concern*, is now available at \$2.00 from First Ontario Conference on Aging, 65 St. George St., Toronto 5.

Canadian Conference on Children

Preparations are going forward for a Canadian Conference on Children, similar in purpose to the famous White House Conferences held several times in the United States. The meeting is planned for June 1960, and will be held in Ottawa.

About 50 people interested in various aspects of child life met in Toronto last October in a work conference and set up a steering committee for the main conference. An advisory committee and a finance committee are being set up. These committees plan that the 1960 conference will be the culmination of a three-year period of study by groups bringing together the ideas of the several disciplines involved in work with children.

The consensus of the people who met at the work conference in October was that Canadian children are not benefiting fully from present knowledge about children, partly because such knowledge is not being shared by all professions and agencies working with them. It is intended that the 1960 Conference will help to bring about more, and more effective, co-ordination of knowledge and services.

Alberta Legislation

The Alberta Mothers' Allowance Act has been amended to extend coverage to an otherwise eligible woman whose husband has been confined to a tuberculosis hospital for at least one month. The amendment also authorizes an increase in the additional allowance payable under the Act from a maximum of \$10 to a maximum of \$30. The additional allowance is a special bonus paid entirely by the Alberta government, while the cost of the basic mother's allowance is shared between the province and the municipality.

The Widows' Pensions Act has been

Canadian Welfare

amended to increase the pension bringing it in line with allowances payable to the blind, the aged and disabled under the joint federal-provincial schemes. A widow's pension, paid by the Alberta government to needy widows, has been, like the mother's allowance extended to a woman whose husband has been in a sanatorium for tuberculosis for a continuous period of one month or longer. The allowable maximum income for the means test will in future be prescribed by regulation instead of being specified in the Act.

Newfoundland Assistance Rates

At the beginning of the year, Newfoundland's new rates for various kinds of public assistance came into effect: \$55 a month for old age assistance and blind persons' and disabled persons' allowances (these three under federal-provincial schemes); social assistance in cash: first adult, \$25 a month, each additional adult, \$20, and each child, \$8; social assistance in kind: first adult, up to \$20 a month, each additional adult, \$10, and each child, \$8 a month.

B.C. Adoption Legislation

Six months have elapsed since the passage of the New Adoption Act in the 1957 session of the British Columbia Legislature. The clarity of the wording of the new Act has made for greater ease of administration.

The most significant change under the new Act is the section relating to the "effect of adoption." For all purposes an adopted child now becomes upon adoption the child of his adopting parents as if he were a child born to them. He ceases to be the child of his existing parents and the existing parents cease to be his parents. Previously he could inherit from his natural parents and kindred and now he has

inheritance rights, as has a natural child, from only *one* set of parents and kindred.

Another major change has to do with the revocation of consent. The new Act requires that the parent revoking consent establish to the court's satisfaction that such revocation is in the best interests of the child.

The new Act was the culmination of several years' work of provincial directors of child welfare across Canada and of a committee of the Vancouver Chest and Council representing Children's Aid Societies, volunteers, legal and medical profession, clergy and other interested groups or individuals.

According to the Superintendent of Child Welfare the new Act has proved a step forward in assuring the adopted child and his parents of security by adoption. (See also page 278)

Manitoba Ex-prisoners' Rehabilitation

As a result of extensive study on correctional services in Manitoba, in 1956 the Welfare Council of Greater Winnipeg set up a Provisional Board to establish extended rehabilitation services for ex-prisoners in Manitoba.

In November 1957, this Provisional Board completed its work and a new organization, the John Howard and Elizabeth Fry Society of Manitoba, was officially launched. This Society will provide services formerly given by the Prisoners' Welfare Association of Manitoba. The Society is organized primarily to conduct a rehabilitation service for ex-offenders, inmates and parolees of any penal institution.

Membership in the Society is open to the public and there is opportunity for voluntary service by the members of the Society.

The new agency will undertake study of the causes of crime and its

prevention; it will provide information on correctional methods and problems, and help to stimulate public interest in penal reform.

By arrangement with the Government Departments concerned, the Society will conduct regular and detailed inspections of Manitoba prisons and correctional institutions.

The Elizabeth Fry Society of Manitoba, which had been organized early in February 1956, has brought not only its name but its membership into the over-all Society. The organization previously known as the Prisoners' Welfare Association of Manitoba is winding up its work and is offering the benefit of its past experience to the new agency.

The Society will be financed by grants from the Federal and Provincial Governments, the City of Winnipeg and the Winnipeg Foundation. Its affairs are governed by a Board of Directors. An initial staff consisting of an executive director and two case-workers has been appointed to carry out the work.

Welfare Quarters in Regina

Within the past four months, three new buildings have been officially opened in Regina to serve the community. First was the Red Cross, which now has a building which provides space for offices, workrooms, and an excellent set-up for the blood donor clinic. Previously the clinic was held at the Y.W.C.A. for want of space at Red Cross quarters.

The new Salvation Army Hostel replaces an outworn structure which has done duty for many years. The new building houses the Social Service Centre, the Men's Hostel and the Thrift Shop. The hostel caters largely to the transient population and formerly when a man obtained permanent employment he was required to seek

board and room elsewhere. Now a limited number of such men can remain at the Hostel at moderate rates. Accommodation for homeless men in the new Hostel is comfortable and attractive.

Third came the building donated by the Kinsmen to the Boy Scouts and Girl Guides. This new building is a bright, spacious structure, modern in every detail. It serves the Scouts and Guides as a central point from which their activities radiate to all parts of the city. During the Christmas season, a toy shop was operated in this building as a co-operative venture involving several agencies. The Boy Scouts, Girl Guides and firemen renovated used toys which were displayed here. Welfare agencies submitted to the Christmas Exchange names of families to receive such toys. Then the agencies allotted appointments to the parents when they could come and select toys for their children. Members of the I.O.D.E. supervised the "shoppers" and did the packaging. Needless to say, the "shopping" was free.

Finally, the Family Service Bureau is moving, though not to new quarters, to more spacious ones. In the spring, more building will be in progress when the new Y.M.C.A. is started.

Course on Mental Treatment

Nurses and social workers were given a three-day course offered by the Ontario Hospital at St. Thomas in the autumn, to bring them up-to-date with the latest treatment provided in mental hospitals and to help them in dealing with discharged patients. This is the third course provided within the past few months, the two earlier ones having been attended by public health nurses. Patients now remain for shorter periods in mental hospitals, and both social workers and nurses do considerable work with

them after they leave the treatment institution, and they report that they find these courses most useful.

Windsor Youth Services

A study on children and youth with behaviour problems is going on in Windsor, Ontario, under the auspices of the Welfare Council's Youth Services Committee. Dr. Lebeaux of the School of Social Work at Wayne University has been engaged to carry out the first part of the study, which is to discover how many children there are in the Windsor area with behaviour problems, and what the problems are. A group of teachers is pre-testing a questionnaire prepared by Dr. Lebeaux to be used in the schools.

Ontario Unemployment Assistance

The Ontario Minister of Public Welfare announced in December that the Province, with the help of the federal contribution towards unemployment assistance, will now pay a larger share of the cost of assistance, thus relieving the municipalities of some of the financial responsibility they formerly carried.

The distinction between unemployable (for whom the Province formerly took some financial responsibility) and employable unemployed (for whom the municipalities carried the whole cost of assistance) has been removed, and the municipal contributions for all unemployment assistance will be reduced to 20 per cent from 40 per cent.

The Province will pay 80 per cent of the cost of medical services to those receiving unemployment assistance, and it will now pay approximately 75 per cent towards the net cost of maintenance of municipally owned homes for the aged. The former provincial contribution was 50 per cent.

The new assistance program also provides for provincial aid to private charitable organizations which help the unemployed. The basis for payment is under study.

Patients discharged from tuberculosis sanitariums and requiring after-care allowances, have formerly received help from the municipalities. Provision is now made for the province to reimburse municipalities for 80 per cent of costs of after-care allowances.

Alberta Course on Social Welfare

A certificate course in social welfare will be offered in Edmonton and Calgary by the Department of Extension of the University of Alberta, which is expected to be of special interest and advantage to those engaged in social welfare through the voluntary agencies of the two cities.

The course has been planned by an advisory committee including University people and experienced executives of public and private social agencies.

The subjects of the course will be: an introduction to social work; interviewing; normal growth and personality development; and principles of community organization and their application, and the relationships among private and public agencies in providing community services. Students will in addition be given an opportunity to select a course related to their own needs and interests from material on public assistance, child welfare and corrections.

Hungarian- Canadian Co-operative

The first Canadian-Hungarian co-operative farm is being planned in the province of Quebec. The secretary, Louis Varfalvy, has stated that this farm will employ 1,000 breadwinners who will engage in farm production and forest industry. This is an attempt to solve the

unemployment problem among Hungarians admitted to Canada, by means of self-help. Some additional financial support is being sought.

**Maritime
School of
Social Work**

This School has acquired its own property and is now permanently located in a commodious house at 150 Coburg Road, Halifax. It was formerly located in King's College, Halifax.

**Hospital for
Disturbed
Children**

The first patients were expected to be received at Thistletown Hospital, the new Ontario institution for mentally ill children, in late January. The building, formerly used as the country branch of the Toronto Hospital for Sick Children is being renovated for its new purpose.

The Hospital is for intensive short-term (six to twelve months) treatment of mentally ill children and adolescents. It will be operated by the Ontario Department of Health, and will be linked with an outpatient department of the Ontario Hospital in the centre of Toronto and with the Ontario Hospital School at Smiths Falls.

The staff will work in close association with the University of Toronto, and it is expected that departments of the University will make use of the Hospital for field training of students and for research work. The ward staff will be known as "Child Care Workers", and a special feature of the Hospital program will be the training of these workers.

About half the Child Care Workers will be permanent members of the Hospital staff and the rest will be students undergoing a regular course of training. Postgraduate students, with qualifications in nursing, social work or other related professions, will be given a one-year course. Undergradu-

ates with no previous qualifications will be given a two-year course. A certificate may be obtained at the end of these periods of training, which will qualify Child Care Workers to work with children in a wide variety of settings.

Preliminary to the opening of the hospital, a three-months training and orientation period was held October to December 1957. It was attended by nurses, hospital attendants, nursery school workers, teachers, social workers and some people with no professional training or background. Twenty-three of the Hospital's child care staff and four of its nursing staff were among those who were given this preliminary training.

"Child Care Workers" are defined as personnel responsible for the 24-hour care of children in an in-patient centre. By taking care of the children in their daily routines, they provide a therapeutic milieu to meet the young patients' needs for dependency and growth.

**Montreal
Protestant
Hungarian
Service
Association**

This Association was formed under the joint sponsorship of the Montreal Council of Social Agencies and the Protestant Churches of Montreal a year ago to help Protestant Hungarian immigrants.

The Travellers' Aid Society of Montreal was authorized to undertake services to Protestant Hungarians settling in the Greater Montreal area on the understanding that any net additional expenses to the 1957 operating budget, up to \$17,500, incurred by the Society for this service to Protestant Hungarians be met with funds provided by the Association.

Six meetings of the Association have been held. Detailed reports of the help being given the Hungarian

refugees by the Travellers' Aid Society have been received and discussed. On two occasions Mrs. Henshaw of the Travellers' Aid Society prepared information which was forwarded to the various churches.

Close co-operation was maintained by the Travellers' Aid Society with the local branch of the Department of Immigration, and with churches and other groups who contributed financial and other material assistance. Funds received by the end of September totalled \$9,957.40; furniture and other necessary items for setting up housekeeping were largely contributed by the Salvation Army and interested individuals.

In view of the fact that seasonal unemployment probably will be unusually high during the coming winter, representations were again made to the Provincial Committee, which controls a sum of \$100,000 set aside by the Quebec Government for this purpose, for a grant which would enable the Association to continue with its work. The sum of \$3,000 was received.

Close contact has been maintained with the Committee on Welfare of Immigrants of the Canadian Welfare Council. The memorandum which that Committee submitted to the Federal Government on *Unemployment Assistance for Immigrants* was distributed to the members and after discussion a letter endorsing the memorandum was forwarded to the Acting Minister of Citizenship and Immigration.

The Protestant Hungarian Service Association, which came into being as a result of an expressed need, and because of the interest of churches and other groups in the Protestant community, plans to continue for as long as the need exists and funds to maintain its outlined program are available.

Montreal Recreation for Disabled

Montreal's English-speaking community under the guidance of the Montreal Council of Social Agencies is working towards bringing a much needed program of recreation to the community's disabled. Two organizations working with the disabled are pooling their talents and experience—the Occupational Therapy and Rehabilitation Centre, and the Physical Education Department of the Young Women's Christian Association. The goal is eventually to offer a full recreation program to the disabled with the accent on the home-bound who have at the present time little or no recreation.

The Occupational Therapy and Rehabilitation Centre has expanded its usual recreation program to include patients on the registers of the Montreal Association for Multiple Sclerosis, the Cerebral Palsy Association, the Canadian Foundation for Poliomyelitis and the Canadian Arthritis and Rheumatism Society. The program will be arranged so that the disabled will not regard themselves as a special group but as part of the community. Self-help will be stressed as much as possible.

Montreal Diet Dispensary

A committee of the Montreal Council of Social Agencies has just completed a study of the eighteen-year-old Dispensary's work and projected both short-term and long-term plans for its development.

The Diet Dispensary appears to be unique among the welfare organizations on this continent in that it appears to be the only one that gives assistance to the indigent in the form of food and systematic instruction. A program of welfare nutrition, education and training has been developed

which has won nation-wide recognition.

The Study Committee is unanimously of the view that the approach of the Diet Dispensary is most constructive and permanently effective. Most of the clients who are referred to the Dispensary are malnourished and unwell. Long experience has shown that the practice of giving food along with sympathetic instruction achieves the following results:

1. It ensures that needy persons will have better food.
2. It inspires confidence and a willingness to co-operate because it demonstrates to them the value of good nutrition.
3. With continued supervision the donation of food almost always results in an improvement in the client's health, outlook and self-dependence.

BEYOND CANADA

International Child Welfare

Once again the spotlight will be on world co-operation in social welfare next year, when the International Conference on Social Work meets in Tokyo, Japan from November 30 to December 6. Two important child welfare conferences will be held during the year and three other meetings on related subjects will also be held—see "Coming Events".

A World Child Welfare Congress will be held in Brussels from July 20 to 26, under the auspices of the General Commissioner of the Belgian Government for the Universal and International Exhibition, Brussels 1958. The theme is *The Parent's Role in the Child's Development*.

A preliminary statement for this Conference says, "Child welfare, in its widest sense, must to-day know how to avoid two dangers, that of interfering in the integrity and intimacy of the home, and that of intervening too late, when serious damage has already been caused to the child or to relationships in the family."

An international study conference on *The Child in the Family, including substitute family care in institutions and foster homes* is to be held in Tokyo, November 23 to 27, by the International Union for Child Welfare

in co-operation with the Children's Bureau of the Japanese Ministry of Health and Welfare. Attendance at this can be planned in connection with attendance at the International Conference on Social Work.

British Social Work Conference

A national social work conference, somewhat different in preparation and emphasis from North American conferences, was held in Edinburgh last August, and drew delegates from all parts of the United Kingdom and, in addition, visitors from 22 countries overseas.

The central subject was *Children and Young People* and it was studied, in a broad social content, under five headings:

Children and Home
Boys and Girls and School
Young People at Work
Homemaking
Leisure

Many months in advance of the meeting, 158 study groups had met at regular intervals in towns, villages and cities throughout the country to study the subject of the Conference. The groups were aided by a *Guide to Studies* previously prepared by a group of experts. Questions for discussion were appended to each section

of the book, but local groups were urged to pose additional questions appropriate to their own communities. The *Guide* proved so popular that several thousand copies were purchased by people who read or heard of the Conference plans.

The reports and recommendations of the study groups were at a later stage collated and presented in the *Conference Handbook*.

As is evident from the sub-topics, this Conference did not confine itself to the social services as generally understood on this continent, but embraced education, health, employment, and marriage and the home, and drew in a much wider group of people than ordinarily take part in a social work conference. Sir John Wolfenden in his opening address emphasized, for instance, that education is a social service and must consider the child in the context of his family and community, his possible future as worker and citizen, and his leisure-time activities.

Another speaker, Richard Ellis, Professor of Child Life and Health at the University of Edinburgh, expressed concern that mental health and stability were not improving in the same way as physical health but on the contrary seemed to be deteriorating. He suggested that the very things that were improving education and physical health might be weakening the sense of parental and family responsibility.

In the session on homemaking a speaker urged that education authorities take account of the importance of character building and stressed the value of the contribution of the church to social work. Another expressed the belief that the majority of present-day young people would make good parents and create stable, happy homes, but said more should be done by way

of preparation for marriage and parenthood, and that more attention should be paid to opinions of parents about their children's needs and upbringing.

Sir Ben Bowen Thomas, permanent secretary in the Welsh Department of the Ministry of Education, said that, judged by human standards, work has become something of a menace in its technical process, business organization and social relationships. Despite shorter hours, lighter physical strains and higher pay, hosts of young people, when they left factory, mill or office, were too often "persons in need of care and attention." They had hardly been in responsible control of any satisfying process throughout the day, the week or the year. The noise and pace had exhausted many of them nervously, and they had not been in co-operative association with their fellows. Sound alternative interests and solitude and the silence and rhythm of nature were needed. He appealed to all to inculcate in the minds of young people a regard for and a loyalty to the traditional spiritual values.

(Condensed from a report supplied to CANADIAN WELFARE by Richard Clements, Secretary of the British National Conference on Social Work.)

**National
Social
Welfare
Assembly**

At the two-day annual meeting of the National Social Welfare Assembly held in New York in December, nine areas of particular moment to social welfare were defined by Dr. Ira De A. Reid, chairman of the Department of Sociology at Haverford College:

The largest migrations in history
Conservation of all resources
Power, transportation and housing
Public Education
Medical care and medical education
The changing pattern of organized labour

The demand for equality (re race relations)

The realignment of government at an operating, functional level, rather than a national level.

The demand for a stable social dollar.

The last point was expanded thus: "The 'general welfare' needs constant promotion and increased subsidy. The withdrawal of funds from social necessity programs in favour of the support of militarily determined scientific weapons is a current threat."

Dr. Reid said the need is for fanatics with a new faith in values and the skilled imagination to design a plan that will enable man to save himself. This, he said, calls for a complete overhauling of the training for, and the practice of, and the objectives of our social welfare programs. It calls for social planning and action, and programs based on to-morrow's needs rather than yesterday's ailments.

**Family
Advice in
Sweden**

In 1955, Ulla Lindstrom, Minister of Family Affairs in Sweden, set up a committee to advise the Government on the subject of family advice centres. The Committee has now submitted its report. Its proposals are as follows: As from July 1, 1958, family advice centres are to be established throughout Sweden to give

advice, free of charge, with a view to helping to prevent divorce, alcoholism, suicide, abortion, juvenile delinquency and other occurrences which disrupt family life. All present activities aimed at preventing abortion are to be incorporated in the new centres.

Each centre is to have two advisers—one with special experience in social questions, the other familiar with mental health problems—as well as a gynecologist and a psychiatrist. In each case, a woman is to be in charge of the centre, this with a view to those who come because they want an abortion.

The staff would be obliged to treat all information as confidential and would be under no obligation to give evidence at court proceedings. The main purpose of these centres would be to help individuals with their psychological difficulties in community life, but advice on practical and technical matters would also be available.

About 40 social workers are at present engaged in activities which would later lie within the scope of the new centres. The realization of the Committee's proposal requires a staff of at least 120 full-time workers. A nine-month course is envisaged to give training to prospective staff, people with a background of knowledge and sufficient experience.

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ABOUT



PEOPLE

Kennth G. Howard has been appointed Executive Director of the John Howard and Elizabeth Fry Society of Manitoba, a new organization (see Across Canada). Mr. Howard has been a clinical psychologist with the Child Guidance Clinic of Greater Winnipeg for the past five years. Jim Hunter and Miriam Schachter have been appointed caseworkers with the Society.

One of Canada's outstanding Indian citizens, **Oliver Milton Martin**, died in December. At the time of his death he was magistrate of the York County Court, where he had administered justice for 13 years. He had served in both world wars, reaching the rank of Brigadier, and been principal of a large public school in East York. He was born on the Six Nations Reserve at Ohsweken. The Toronto Globe and Mail, in an obituary editorial, said he "advised young people to forget the colour of their skins and be good Canadians. For himself he could not forget that he was a full-blooded Mohawk so long as his people needed a strong voice raised in their behalf. And he was one of our best Canadians. He accepted the process of enfranchisement to obtain the full privileges and responsibility of citizenship."

William Wacko has transferred

from his position as executive secretary of the Alcoholism Research Foundation of Ontario, Ottawa Branch, to the head office in Toronto as Chief of Special Education Services, replacing Robert R. Robinson who left the Foundation's service in September to work on public relations for A. V. Roe of Canada. **J. A. Neilson** succeeds Mr. Wacko in Ottawa.

Jack Kenney has resigned as executive director of the Queens County Children's Aid Society at Liverpool, N.S., to take a position in industry. He is being replaced by **Sylvia Montague**, formerly of the Halifax District Office of the N.S. Department of Public Welfare.

Dr. J. B. Neilson, formerly head of the group of three hospitals known as the Hamilton General Hospitals, has been appointed to supervise services for the recently formed Ontario Hospital Commission which will eventually administer the hospital insurance scheme for the Province.

Joyce Rogers has been appointed Department Secretary of the Volunteer Bureau of Greater Winnipeg as of August 14th. She has returned to Canada from the United States where she was working with the Goodrich Social Settlement, Cleveland, Ohio, as supervisor of a Branch program.

BOOK



REVIEWS

Working Mothers and the Day Nursery, by Ethel S. Beer. William Morrow and Co., New York, 1957. (Toronto: George J. McLeod). 189 pp. Price \$4.00.

Miss Beer has long been a champion of the working mother. Her experience with day nurseries goes back to 1915 when conditions were such that the mother who found herself the main or sole support of her family had no choice but to go to work, leaving her children to the care of others. To those mothers the day nursery was indeed a bulwark, and in many cases supplemented the mothers' care from infancy to adolescence.

Miss Beer's long association with this type of day nursery has convinced her that it is a valuable supplement to the home when the mother is working. She has seen many boys and girls develop into happy, successful adults with the never-failing support offered to the working mother by the day nursery.

At the nursery the mother has found not only supervision for her children but sympathy and encouragement for herself in coping with the problems arising from widowhood, desertion, separation or the care of a chronically ill husband. Such families have demonstrated clearly that juvenile delinquency or personality maladjustment does not necessarily follow from the mother's employment outside the home.

Miss Beer points out that if the mother is working, day nursery care is the best way to meet the problems arising from her absence from the

home. Other methods such as care by a relative or neighbour or foster home may be satisfactory in individual cases, but they all lack the permanence and security which the day nursery can offer. This point needs to be stressed, because we know that the proportion of working mothers' children in day nurseries is only a small fraction of the total: many mothers are relying on other less satisfactory plans.

Where this book is on more shaky ground is in advocating a return to day nursery care of children under two years of age. Such care may have been necessary in the days before mothers' allowances were available. Today our understanding of babies' need for individual care from one person suggests that even mothers who are the sole support of their children should arrange to remain at home until the child is at least two years of age.

Miss Beer criticizes the day nursery that discontinues its services when children enter a full-time school program. She rightly points out that the school day does not fill all the hours when children require supervision. The problem is of course intensified in the summer and other school vacations. Where day care for school age children is available it has been eagerly used by parents accustomed to day nurseries and anxious that their children should still have reliable care while they are at work.

Miss Beer's insistence that this day care should be kept separate from other community programs for children is unwise in my view.

Children whose mothers work should not look upon themselves as a group apart. Rather they should have a life as much like that of other children as possible, with the day care centre only filling in the gaps.

Miss Beer devotes much attention to the impact of nursery education on the day nursery. Apparently this "shotgun marriage" has not been happy in many day nurseries. Where the training of nursery teachers has not included supervised practice in day nurseries and attention to the special problems associated with the longer nursery program, problems such as Miss Beer describes could arise. Here in Ontario we have been fortunate in that training centres have recognized that a good day nursery offers a richer setting for the training of students in the understanding of children and family life than a nursery school. Hence our nursery graduates are able to meet the more exacting demands of the long day program.

Miss Beer brings into the open many of the conflicts which may arise in a day nursery because it draws on the discipline of nursing, social work and nursery education. She does not, however, offer constructive solutions to these conflicts such as are to be found in the book *The Creative Nursery Centre* by Allen and Campbell.

One of the great weaknesses of *Working Mothers and the Day Nursery* is its uncritical approach to the working mother. Nowhere does Miss Beer discuss why mothers work, if a choice is possible.

She points to the fact that many mothers do work, and that therefore day nurseries must be provided for them. She offers no opinion as to who

should pay for this service. She does not distinguish between the mother whose work outside the home is necessary to maintain the home, and the mother who works to raise the standard of living or because she prefers to do so.

It seems reasonable that the first group of mothers should make use of nurseries subsidized by the taxpayers or community funds, because these mothers are unable to pay the full cost of nursery care as well as support their families.

The second group should probably look to the privately operated nursery in which the parent pays the full cost of care. It is this group of mothers who need particularly to be made aware of the advantages of day nursery care so that they may be willing to pay the not inconsiderable cost of replacing, for part of the day, their own care of their children.

This group of mothers should also probably have counselling to help them come to a wise decision as to whether their working outside the home is really the best plan for the family. It is not likely that privately operated day nurseries would offer such a service, and mothers need to be educated about the importance of guidance in making such a decision and need to know where this guidance may be obtained.

It is surprising that anyone as interested as Miss Beer in the heavy burdens carried by the working mother has ignored the question of part-time employment of the mothers of young children.

If our industrial civilization is to solve the human problems it has created, it must gear its hours of work to meet varying needs. The working mother is not a new phenomenon—

down through the ages women have always contributed to the economic well-being of the home. Industrialization has taken much of her traditional work out of the home, and it should astonish no one if she has begun to follow it in increasing numbers. In the United States of America today two and one-half million mothers of children under six years of age are gainfully employed. Comparable figures are not available for Canadian mothers. Probably the percentage is lower, but the trend is there.

Part-time work would enable many mothers to return to their homes still fresh enough to fulfill the demands of housekeeping and child rearing. Shorter hours for everyone may indeed solve this problem, but the working mother should be given special consideration.

This book cannot but make all those who read it think more deeply about the working mother and child. Whether such thought is stirred up by agreeing or disagreeing with the author is of little moment. The fact remains that these questions are worthy of more attention than they have been receiving and this book may serve to bring them into focus.

E. M. STAPLEFORD

*Day Nurseries Branch
Ontario Department of
Public Welfare*

'Turning Point for Immigration?

by Michael Barkway. Canadian Institute of International Affairs, Toronto, 1957. 16 pp. Price 20 cents.

This "Behind the Headlines" series pamphlet poses certain new problems which must now be faced and solved in Canadian immigration policy. Showing how Mackenzie King's 1947 statement of this policy—which has

now lasted for a decade—is no longer sufficient, Mr. Barkway discusses the new population and employment problems resulting from the recent great increases in the Canadian-born annual additions to the labour force.

As a result, he advocates that new methods must be conceived for successfully (in contrast to past miscalculations) estimating how many immigrants can be absorbed each year and for solving the seasonal unemployment crises. The government must, he says, surrender its "sink or swim" policy towards immigrants.

This latter attitude was inherited from the 1900's and fails to take cognizance of the changed character of modern immigrants, who are children of the industrial era and therefore accustomed to the benefits of a welfare state.

Rather than leave all responsibility for the immigrants' adjustment to voluntary agencies, Mr. Barkway believes that the government should determine a working division of responsibility between federal, provincial and municipal agencies, with which voluntary efforts can then be successfully integrated.

He concludes that in the new circumstances it will be necessary to make much more purposeful arrangements for helping immigrants to adapt to Canadian ways and fitting them into a useful place in Canadian life.

Canadian Immigration: An Outline of Developments in the Post-war Period. Department of Citizenship and Immigration, Ottawa, 1957. 18 pp. Free.

This most recent publication of the Department is divided into five sections, which describes the Immigration Branch organization, immigration

Canadian Welfare

policy, immigration activities, facilities and assistance available, and economic effects of immigration, respectively.

The third section shows the total immigration into Canada since World War II, describes the various "special movements" (e.g. dependants of Canadian service men, Netherlands farm workers, displaced persons, etc.) and outlines the development of post-war immigration year by year.

The "facilities and assistance" section provides a good summary coverage of the following categories: assisted passage, emergency hospitalization or medical and dental care, emergency transportation assistance, employment and accommodation, emergency food and shelter, medical-welfare agreements, family assistance, voluntary organizations, and language and citizenship classes. This is the best description of the work of the Immigration Branch to date.

A Survey of Some Naturalization Court Ceremonies in Canadian Communities. Canadian Citizenship Council, Ottawa, Oct. 1957. 22 pp. Price 50 cents.

In an effort to make naturalization

ceremonies as important and meaningful as possible the C.C.C. undertook a study of the various ceremonies held in different parts of the country, and this report is based on 137 questionnaires which were completed and returned accordingly.

The intent of the survey was to "encourage a number of responsible citizens to give attention to these important events and to provide suggestions whereby these ceremonies might be made events of the utmost importance in the lives of new citizens".

The report is divided into two main sections, the first being a summary of the replies received to various questions on the questionnaire, and the second listing suggestions for improving the ceremony and after-ceremony welcoming.

Many concrete proposals are offered in conclusion, which, if promoted by different community organizations, would be a positive basis for immediate improvement in the nature of the naturalization ceremonies.

(The three brief reviews above are by Susan McLaine of Ottawa. Mrs. McLaine is at present doing some special work with the Canadian Welfare Council staff, mainly in connection with immigration.)

FILMS

The Yellow Leaf. 16 mm. Black and white. Sound. 30 minutes. Produced by the National Film Board of Canada. Available from the Canadian Film Institute, 142 Sparks Street, Ottawa. Service charge \$3.00.

This film, including its title, *The Yellow Leaf*, is depressing. Depressing also is the opening quotation from Macbeth, "I have lived long enough. . . . My way of life has fallen into the sear. . . ." However, to compensate for the desolate, non-constructive content of the film, the photography and acting are well done.

The film shows a genial, healthy-looking woman of 72 living in the home of her daughter and son-in-law who have apparently no sympathy, understanding or tolerance for the needs and loneliness of the mother.

They plan to place her in an institution, Lambert Lodge, Toronto. She overhears.

After the arrival at Lambert Lodge there is a succession of quick action shots which give some portrayal of the physical set-up—the boarders, the activities and general climate of the Lodge. However, for this unhappy and

frustrated woman needing help and counselling there was no indication that these were ever given as part of the service. By happy chance her bed happened to be beside that of a wise woman who helped her through her traumatic experience of being set aside by her daughter.

This is a film which presents all the tragic problems of being unprepared for growing old—lonely, unwanted, ill and financially insecure—and offers no solution to any of them with the exception of institutional care.

Because of this lack of anything constructive or positive being shown as measures of help it is a film for a very limited audience. But I think it should be shown to professional groups, doctors, psychiatrists, psychologists, social workers and the title should be changed from "The Yellow Leaf" to "Is This Good Enough?".

MARION SPLANE

Ottawa

Steps of Age. 16 mm. Black and white.

Sound. 25 minutes. Available from the Canadian Film Institute, 142 Sparks Street, Ottawa. Service charge \$2.50.

This is a sombre, realistic, well photographed and acted film which

vividly presents the problems of growing old and retirement for people who are totally unprepared for the latter.

The retired husband is unable to make the adjustment of being out of work and at home all day. His only occupation, since retirement three years ago from the Iron Works, is to sit all day in front of a checker board, silent and glum. The wife, more resourceful and mature, tries to help but is unsuccessful. The husband does not live long in his state of physical, mental and emotional inertia.

After his death the wife goes to live with a married daughter. After a period of unhappiness and frustration on both sides, love and understanding finally come to the fore and the film ends on the happier note that growing old is not so bad if someone loves and understands.

This is a film which could be shown to groups to present the problems connected with retirement. "Steps of Age" shows the importance of considering the older person as a whole person and his life as a continuing process of the past, present and future.

E. B. CONVERY

Committee on Aging
Welfare Council of Ottawa

NOMINATIONS

The Canadian Welfare Council's Nominating Committee invites Council Members to submit names of people (with their qualifications) for a list of lay people from which the Committee will prepare a slate of nominations of members at large for the 1958-59 Board of Governors. Suggestions should be sent by March 15th to the Executive Director, Canadian Welfare Council, 55 Parkdale Avenue, Ottawa 3.

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